

CONSENT

I, _____, hereby give _____
(club name)

And the Metro Basketball Association permission to collect and use my personal health information, specifically my COVID-19 vaccination status. This information will be used solely for the purpose of determining and verifying my eligibility to access and/or participate in non-essential services and activities in accordance with the COVID-19 Protocol for Proof of Full Vaccination for Events and Activities set out in the Nova Scotia Public Health Order, and will not be otherwise collected, used or disclosed without my approval.

I understand that, if I wish to withdraw this authorization, I may do so at any time by writing to the business/organization’s listed above.

I have read and understood this form, and I have had the opportunity to ask questions and have had them answered to my satisfaction. By signing below, I consent to these terms.

Name: _____
(Please print) (Signature)

Address: _____

Date: _____